



REGISTRATION PACKET 2020-21

Please complete this packet, along with the attached sport physical form and a copy of the athlete’s health insurance card. Please scan and email to David Moreno or turn it in to the front office. Upon receipt and review of these items and the online form athletics fees will be posted to your FACTS account and will be due immediately.

This form is only required once per athlete, per school year. To register for additional sports/seasons only the online form is necessary.

Extended Day Policy

No extended day until further notice

PROOF OF MEDICAL INSURANCE

This form must be completed and turned in, along with a copy of the athlete’s insurance card, by the Parent/Guardian before a student is allowed to participate in a Summit School Sponsored Sport.

Student Name _____

Address _____ City _____

State _____ Zip Code _____

Emergency Phone Number(s) _____

Insurance Carrier _____

Address _____ City _____

Contact Phone Number _____

Policy Holder’s Name _____

Policy Number _____ Group Number _____

By signing this Proof of Insurance form, I hereby confirm that my child named above has current medical insurance and I have listed the current policy information above. I understand that it is my responsibility to inform Summit School if my child’s insurance changes or expires.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Summit School

Athletics Enrollment For 2020-2021

This form must be completed by the Parent/Guardian and on file with the Director of Athletics before a student is allowed to participate or tryout for an extra-curricular activity sponsored by Summit School.

Parent/Guardian – Print, complete and return this form to the Director of Athletics

Child's Name _____ Grade _____ Shirt Size _____
Shorts Size _____

I am enrolling my child in one or more of the following Summit School Sports for the 2020-2021 school year:

Cross Country Track & Field Golf

Parent/Guardian Permission & Waiver of Liability **& Authorization for Emergency Care**

I hereby give my consent for the above named child to participate in enrichment/interscholastic athletic activities for this school year. I also agree to reimburse Summit School for equipment and uniforms issued to my child should it become lost or damaged. I understand Summit School cannot accept responsibility for personal items lost or stolen.

I agree to release each and all of the following named entities, persons and parties (herein collectively referenced as the "Releases") from all claims of liability for each and every injury, harm, damage and loss of every kind or description (including death) to the student's person or property, directly or indirectly occurring in connection with, resulting from, arising out of the student's participation or travel to and from the aforementioned athletic activities whether caused by negligence of any of the Releases, or otherwise.

- A. The Summit School, its affiliates, and each trustee, director, officer, employee,
and representatives.

I agree to defend, hold harmless, indemnify and release, and forever discharge the Releases from and against any and all claims, demands and actions or causes of action on account of damage to or related to the student's participation and travel.

I further authorize the Director of Athletics, School Principal, Coach or Teacher in attendance at any Summit School activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

I understand it is my responsibility as my student's parent/guardian to arrange transportation to and from the games for my child.

I further agree to hold Summit School harmless for any injury arising out of said student's travel to or participation in the enrichment sport activities.

I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which may occur on account thereof.

Father/Guardian Signature _____ **Date:** _____

Emergency phone number _____

Mother/Guardian Signature _____ **Date:** _____

Emergency phone number _____

Summit School

Athletics Away Game and Practice Permission Form for 2020-2021

Name of Student (please print) Grade

The above-named student has my permission to participate in games and practices with their sports' group that may be held off the Summit School's campus. Permission extends to all seasons (fall, winter, and spring) and all sports: cross country, basketball (boys and girls), football, soccer, track & field, and/or golf.

I understand it is my responsibility as my student's parent/guardian to arrange transportation to and from games and practices for my child.

I hereby authorize Summit School to allow my child (the student) to travel to, and to fully participate in, such school activities listed above. I further agree to hold Summit School harmless for any injury arising out of said student's travel to or participation in the enrichment sport activities.

I further authorize the Director of Athletics, Head of School, Coach or Teacher in attendance at any Summit School activity on Summit Campus or at away games or off campus activities to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

Name of Parent/Guardian (Please Print) Signature of Parent/Guardian Date

I have read the Sabrecat Athletics Handbook and agree to the terms of the Spectator Code of Conduct. I also agree to communicate the terms of this code of conduct to any guests or visitors I bring with me to practices or games.

Athlete Name: (printed) _____

Athlete Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____



Summit Student Athlete Code of Conduct

- I understand that ***student*** comes first for all student-athletes.
- I agree to make my homework and school performance my priority. I understand that parents, teachers, or coaches can suspend me for a game or a season as a consequence of poor grades.
- I will always try my hardest and do my very best in both practice and games. I understand I may lose playing time if I have unexcused absences from practices or games.
- Win or lose, I will always behave respectfully to my teammates, coaches, opposing players, and parents.
- I will never say, "I can't." Acceptable alternatives I can use are, "This is difficult for me." "I haven't practiced this before." or "I need more help with this skill."
- I will not make excuses. I understand it is ok to make mistakes, and I agree to learn from them.
- I will not tease, belittle, or otherwise emotionally or physically harm my teammates or opposing players in any way.
- I understand that the best way to win is to support those around me. Especially when they make a mistake.
- I understand that I may be asked to sit out for a portion of or all of a game or practice if I break any of the above rules.

All Summit School handbook rules apply to all aspects of the Sabrecat Athletics program.

Student-Athlete Signature

Parent Signature

DATE: _____



Summit School Athletics Mitigation Plan



This document was developed as a plan for a safe reopening of Summit Athletics for the 2020-2021 school year. We recognize the importance of getting kids back in sports for both their physical and mental well-being. The goal of this document is to help everyone involved in Summit Athletics implement measures to reduce the COVID-19 transmission while also meeting the needs of our student-athletes.

This plan has been developed with the guidance of the CDC, Arizona Department of Health, and the Canyon Athletic Association.

PREVENTION:

- Temperature checks will occur on student-athletes and coaches before all practices and events.
- Hand washing or sanitizer will occur before every practice begins by the student-athletes and coaches.
- Student-athletes will change for practices/games only with their team members three at a time.
- Student-athletes must wear face coverings while not actively participating in their sport; this includes walking to/from the sideline during games and leaving practices.
- Coaches must wear face coverings/shields during practices when they cannot socially distance from their team.
- Student athletes exhibiting symptoms will be isolated in a designated location until they are picked up.
- Sharing of water bottles is prohibited.
- Student-athletes must have their own water bottle.
- Student-athletes and coaches will maintain socially distanced whenever possible.
- No spectators will be allowed on campus to watch practices.
- At the end of practices, student-athletes will re-mask, sanitize or wash hands, & be directed straight to their cars for pick-up.
- COVID-19 signage will be clearly posted for hosted events.
- Fans will be limited and social distanced from each other at all events.

STUDENT-ATHLETE HEALTH AND WELLNESS EXPECTATIONS

- **If a student-athlete's test results are positive:** Student(s) must remain at home for 10 days since symptoms first appeared AND until symptoms have resolved for 24 hours (without the use of fever-reducing medication). Student must submit a doctor's clearance to be able return to school and the team.
- **If a student-athlete's test results are negative:** Student(s) must remain home until symptoms have resolved for 24 hours (without the use of fever-reducing medication). Student must present proof of negative test result to be able to return to school and the team.
- **If a student-athlete is experiencing COVID-like symptoms with no test:** Student(s) must remain at home for 10 days since symptoms first appeared AND until symptoms have resolved for 24 hours (without the use of fever-reducing medication) unless you have a doctor's clearance to return. Student must submit a doctor's clearance to be able to return.
- If a student-athlete has been in contact with someone diagnosed with COVID-19, CDC guidelines will be followed.
- All student-athletes will check-in at the designated station to have their temperature checked before practices & events; if their temperature is 100.4 degrees or higher, they will be asked to go home.
- Wash hands often throughout the day with soap and water for at least 20 seconds.
- Hand washing or hand sanitizer will be required before practices & events begin.
- Hand washing (indoor sports) or sanitizer (outdoor sports) will be required after practice ends.
- When soap and water are not readily available, we will use an alcohol based hand sanitizer or wipes with at least 60% alcohol.
- Student-athletes should maintain a distance of 6 feet from others when possible
- Student-athletes must wear face coverings while not actively participating in their sport; this includes walking to/from the sideline during games and leaving practices.
- Student-athletes must have clean practice clothes each day.
- Student-athletes must wash their uniform after each use.
- Student-athletes should be considerate of their teammates by practicing good safety measures when away from Summit School.

RESPONSE TO CONFIRMED CASES

- Guidance has been provided by the CDC and the Arizona Department of Health services.
- As directed by CDC, AZ DHS, inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop

PHYSICALS FOR THE 2020-2021 SCHOOL YEAR

The CAA up to this point requires an annual sports physical for all of its athletes. Over the past year due to COVID-19 many families and athletes have not felt comfortable visiting their primary care provider for routine healthcare. While the CAA endorses that primary care offices are taking necessary precautions to minimize you and your family's risk of being exposed to COVID-19, we also want to respect the choices you make for your family's health, while still honoring the CAA commitment to player health and safety. For these reasons, the CAA with support from the NFHS sports medicine advisory committee in adopting the following guidelines for the 2020- 2021 school year.

1. The 2019-2020 sports physical shall be accepted for the 2020-2021 school year if the following criteria are met over the time period since the athletes 2019-2020 sports physical.

- a. The athlete has a 2019-2020 CAA sports physical on file with the school he/she is attending for 2020-2021.
- b. The athlete did not have any new injury or illness requiring outside medical evaluation or if the injury did occur, was released for full athletic participation by a qualified medical professional.
- c. The athlete did not have a concussion
- d. The athlete did not receive a new medical diagnosis
- e. The athlete has not had COVID -19

2. The athlete must see his/her primary care provider and have updated sports physical for 2020-2021 if any of the above criteria are not met.

3. If the athlete does not have a 2019-2020 sports physical form on file at the school he/she is attending for the 2020-2021 school year, the athlete will also need to complete a 2020-2021 sports physical.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

| | Yes | No | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever gotten unexpectedly short of breath with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, check appropriate box and explain below. | | |
| Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| Has any family member or relative died of heart problems or of sudden unexpected death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/Calf |
| Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 4. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Foot | |
| Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many _____ When was the last times? _____ concussion? | | | Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| How severe was each one? (Explain below) | | | 17. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | Females Only | | |
| Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | 19. When was your first menstrual period? | _____ | |
| Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> | When was your most recent menstrual period? | _____ | |
| 5. Are you missing any paired organs? | <input type="checkbox"/> | <input type="checkbox"/> | How much time do you usually have from the start of one period to the start of another? | _____ | |
| 6. Are you under a doctor's care? | <input type="checkbox"/> | <input type="checkbox"/> | How many periods have you had in the last year? | _____ | |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | What was the longest time between periods in the last year? | _____ | |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. | | |
| 9. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): | | |
| 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |
| 12. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | |

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|--------------------------------------------------------------------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart-Auscultation of the heart in the supine position. | | | |
| Heart-Auscultation of the heart in the standing position. | | | |
| Heart-Lower extremity pulses | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |

MUSCULOSKELETAL

| | | | |
|---------------|--|--|--|
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |

*station-based examination only

CLEARANCE

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.